

Open Enrollment

Health Insurance Open Enrollment Materials
for Retirees **not eligible** for Medicare

Plan Year 2015



MANDATORY ENROLLMENT

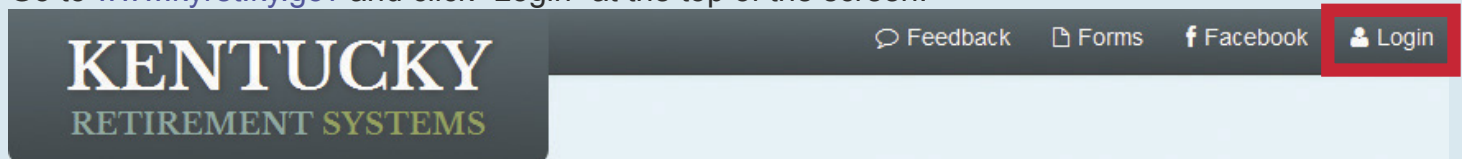
Application due October 31, 2014

You **MUST** complete the enclosed KEHP Enrollment Application
OR Register and Enroll Online at www.kyret.ky.gov

How do I enroll for insurance on the KRS Website?

Step 1

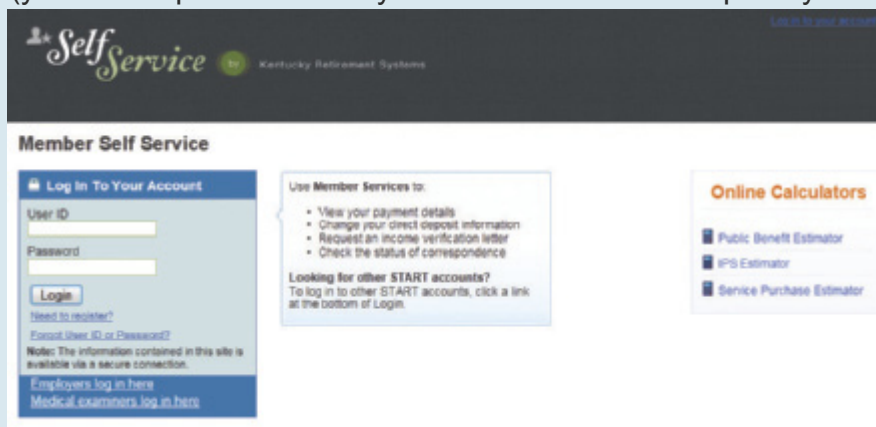
Go to www.kyret.ky.gov and click “Login” at the top of the screen.



Step 2

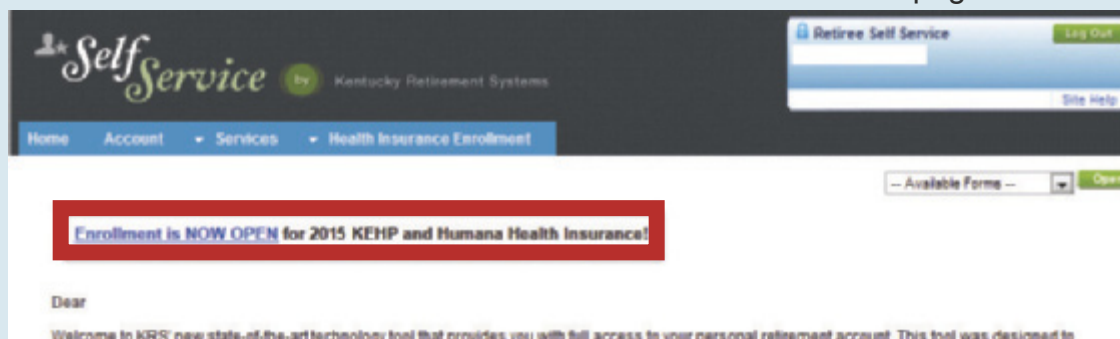
Login in to Member Self Service

(you are required to have your PIN number to complete your online enrollment)



Step 3

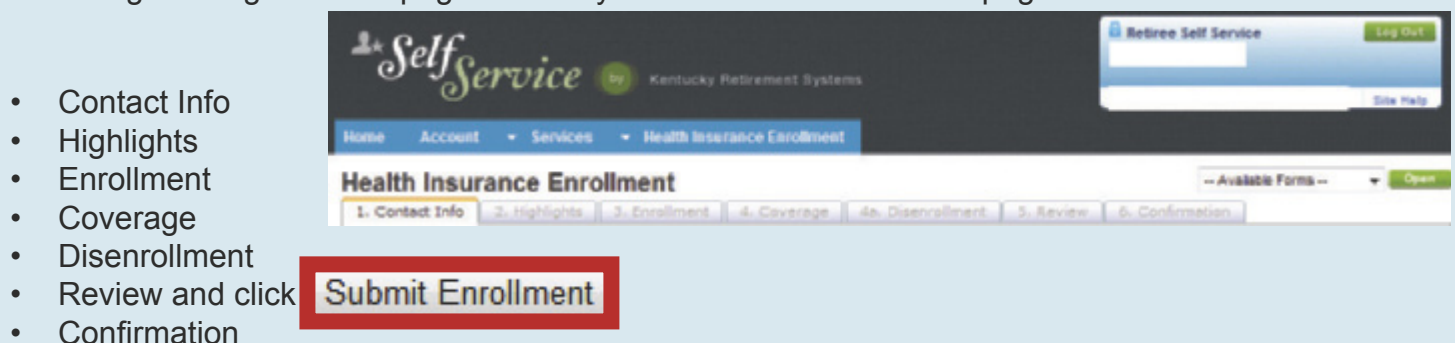
When you reach the Welcome Page click on the hyperlink in the red box “Enrollment is NOW OPEN” or the “Health Insurance Enrollment” link near the bottom of the page.



Steps 4-10

Follow the tabs on the “Health Insurance Enrollment Page”

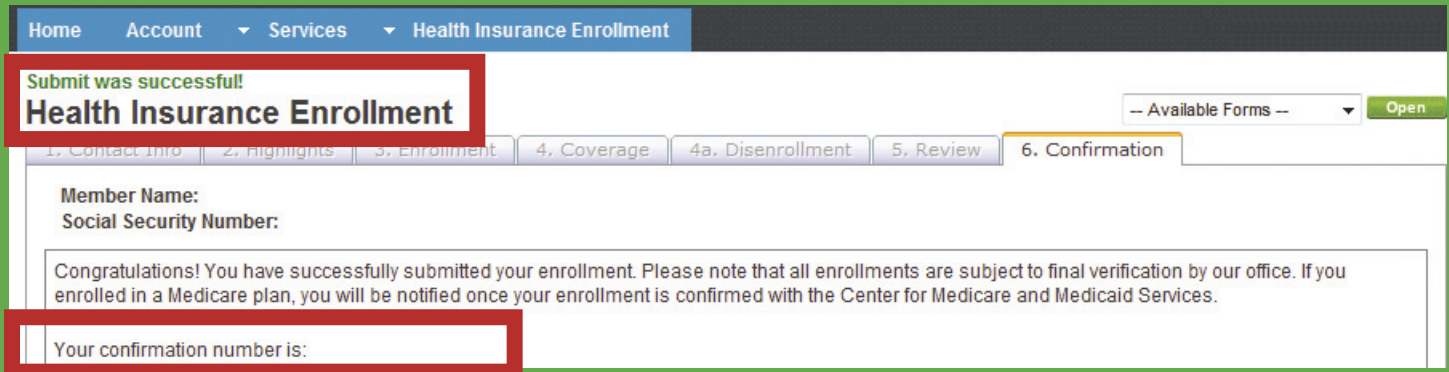
You will go through several pages before you reach the confirmation page.



- Contact Info
- Highlights
- Enrollment
- Coverage
- Disenrollment
- Review and click
- Confirmation

Confirmation Screen: Submit was successful!

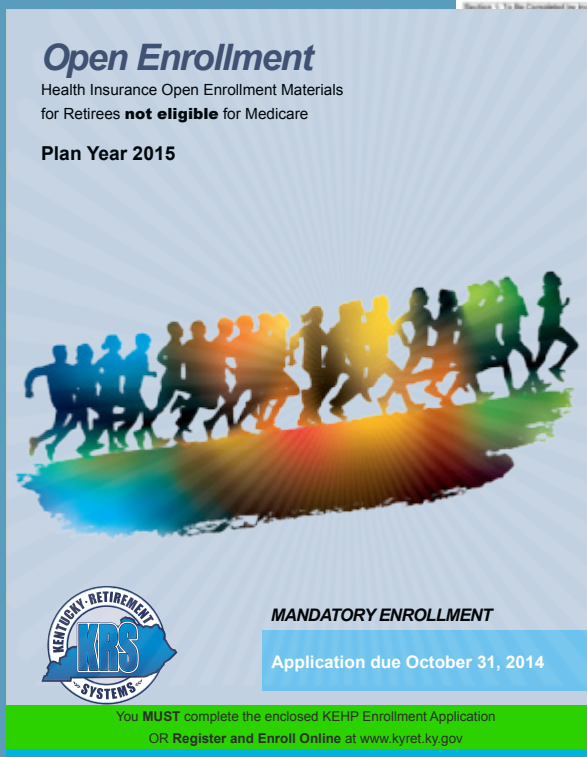
Once you reach the confirmation page, you will receive a message that states
“Submit was Successful”



The screenshot shows a web application interface for Health Insurance Enrollment. At the top, there is a navigation bar with links: Home, Account, Services, and Health Insurance Enrollment. Below this, a red-bordered box highlights the message "Submit was successful! Health Insurance Enrollment". To the right of this message is a dropdown menu labeled "-- Available Forms --" and an "Open" button. Below the message, there is a progress bar with steps: 1. Contact Info, 2. Highlights, 3. Enrollment, 4. Coverage, 4a. Disenrollment, 5. Review, and 6. Confirmation. The "6. Confirmation" step is currently selected. Below the progress bar, there are fields for "Member Name:" and "Social Security Number:". A large text box contains the message: "Congratulations! You have successfully submitted your enrollment. Please note that all enrollments are subject to final verification by our office. If you enrolled in a Medicare plan, you will be notified once your enrollment is confirmed with the Center for Medicare and Medicaid Services." At the bottom, there is a red-bordered box labeled "Your confirmation number is:" followed by a blank input field.

When you see “Submit was Successful” you are now registered and you now have a confirmation number.

Please retain your confirmation number for your records.



Would you like to do a paper application?

There is a paper application located in the back of this Open Enrollment Book OR download and print your insurance application from our website.

www.kyret.ky.gov

What's New for 2015

Thank you for your service to the Commonwealth. The Kentucky Employees' Health Plan (KEHP) cares about your health and is dedicated to providing comprehensive, affordable and competitive health and wellness benefits to nearly 300,000 Kentucky teachers, retirees, state, quasi-government employees, and their families. We hope this Benefits Selection Guide (BSG) will help you:

- Make the right decision for your health and wellness needs in 2015
 - Understand the plan designs and how they work
 - Learn more about the LivingWell Promise steps for 2015
 - Know how to enroll in health coverage for 2015
 - Learn about the new vendors partnering with KEHP to provide you a variety of services
1. KEHP remains a self-insured plan with benefits designed in-house. We recently issued a request for proposal (RFP) as the contracts with our current vendors were due to expire December 31, 2014. The process resulted in no changes with two vendor partners and a change with others. We will continue to have HumanaVitality as our wellness vendor, and Compass SmartShopper as our transparency vendor. Listed below are our new vendors effective January 1, 2015. You will learn more about each vendor later in this guide.
 - **Anthem Blue Cross Blue Shield (Anthem)** is the medical plan administrator. Anthem has operated in Kentucky for more than 75 years, and is the largest carrier in the Commonwealth. Anthem offers an even bigger network of providers, excellent service and technology, and significant opportunities to help hold down costs.
 - **CVS/caremark** is the pharmacy benefits manager. The CVS/caremark network includes more than 67,000 pharmacies nationwide, including chain pharmacies and 20,000 independent pharmacies. It is important to know that you do not have to use a CVS pharmacy and may continue to use your existing retail, grocery store, and independent pharmacy if they participate in the CVS/caremark network of pharmacies.
 - **WageWorks** is the administrator for Health Reimbursement Arrangements (HRAs). They will also provide COBRA administration services. WageWorks makes benefits programs easier to understand and use so that everyone can take advantage of pre-tax savings and focus on what matters most. They currently work with more than 29,000 employers to help more than 3.2 million people save money.
 2. **LivingWell Promise**
More than 137,000 KEHP planholders took the HumanaVitality Health Assessment (HA) as part of their 2014 LivingWell Promise and learned more about their health status. This is a huge achievement for the plan and our members. To continue our focus on wellness and healthy lifestyles, the LivingWell Promise for 2015 will include the option of an HA, like last year, or a Vitality Check (biometric screening). If you elect a LivingWell plan in 2015, **you must complete one of the following from January 1, 2015 through May 1, 2015:**
 - Take the HumanaVitality HA
 - or
 - Complete a Vitality Check (biometric screening)
 3. **Out-of-pocket Maximums**
The LivingWell PPO and the Standard PPO plan options have a pharmacy out-of-pocket maximum as well as a medical out-of-pocket maximum. Your pharmacy costs are capped where previously your pharmacy co-pays continued to be your responsibility, even if you had met your medical out-of-pocket maximum.
 4. **Allergy Injection and Mental Health Co-pays Reduced**
In the LivingWell PPO plan option, the allergy injection co-pay is reduced to a \$15 co-pay and the mental health visit has been reduced to a \$25 co-pay.
 5. **Prescription Formulary**
With the transition to CVS/caremark, there will be some minor changes to the prescription drug formulary. You can review the formulary online at kehpn.ky.gov.

What's New for 2015

Do I need to re enroll?

Yes. Open Enrollment is available October 1–31, and is an active, mandatory enrollment. Everyone must elect a new health insurance plan option or waive coverage. Anyone who does not actively make an election or waive coverage by October 31, will be automatically enrolled in the Standard CDHP plan option at the level of coverage you were enrolled in Plan Year 2014.

Open Enrollment Period

The Open Enrollment Period for Plan Year 2015 will begin October 1, 2014, and end October 31, 2014. The Open Enrollment Period only applies to you if you retired on or before September 1, 2014.

If your active employment makes you eligible for insurance coverage, you must decide if you wish to carry your coverage through KRS or your employer. If you want to continue your coverage through KRS you will need to complete the KRS Retiree Application.

If you want to change your coverage and carry insurance through your employer, you need to submit an application to KRS indicating you will waive coverage and submit an application to your employer by the active employee deadline.

If your active employment makes you eligible for insurance coverage, and you are Medicare eligible due to age, KRS cannot offer you insurance coverage. You must contact your employer regarding insurance coverage.

If you are a retiree that has an initial participation date with KRS after September 1, 2008 and are reemployed after retirement in a regular full-time position, you will not be eligible for health insurance with KRS. You are required to take coverage through your employer.

Note: KRS retirees who return to work and become eligible for KEHP coverage may be ineligible for KRS coverage. Reemployed retirees with questions are urged to contact KRS.

The Open Enrollment Period for Medicare Eligible

recipients and their Medicare eligible dependents begins October 23, 2014, and ends November 29, 2014. If you or a dependent are Medicare Eligible and have coverage in the KEHP through KRS, or have no coverage through KRS, notify the retirement office immediately and we will send you a Medicare Eligible Open Enrollment packet for Plan Year 2015. You may also access this information online at kyret.ky.gov.

Don't Wait: Once you have completed an application, return it to the retirement office as soon as possible. This will allow staff time to return the Application for correction if the Application is incomplete. Please keep a copy of any application you submit to KRS for your records.

Do not send your completed Application anywhere except to KRS for processing: If you send your Application somewhere other than to KRS, you may fail to receive the requested change to your coverage or you could lose eligibility by not meeting the required deadline.

Cost of Insurance

Participation date prior to July 1, 2003

In order to determine your cost for coverage in 2015, please refer to the guides on pages 22-25 enclosed in this notice.

Retirees with non-hazardous service credit only and beneficiaries of non-hazardous retirees should refer to page 23. Retirees with only hazardous duty service credit should refer to pages 24-25. Retirees with both non-hazardous and hazardous duty service should also refer to pages 24-25.

Participation date on or after July 1, 2003

In order to determine your cost for coverage in 2015, please refer to the guides on pages 28-29 enclosed in this notice.

Beneficiaries of retirees with hazardous duty service credit should contact the retirement office for assistance. Retirees and beneficiaries may also contact KRS for assistance in determining insurance

What's New for 2015

costs. Specific account information, including what contribution amount KRS may pay, can only be discussed by telephone if the caller has a Personal Identification Number (PIN) with KRS and can provide it to the representative.

NOTICE: Non-Hazardous Retirees who elect the Standard PPO, Standard CDHP, or Living Well CDHP with a coverage level of Parent Plus, Couple, Family or Family Cross Reference-The Maximum Contribution allowed for the Standard PPO is \$665.40, the Maximum Contribution allowed for the Standard CDHP is \$650.92, and the Maximum Contribution allowed for the LivingWell CDHP is \$689.28.

Retirees and beneficiaries may also contact the retirement office for assistance in determining insurance costs. **Specific account information, including what contribution amount, if any, KRS may pay, can only be discussed by telephone if the caller has established a Personal Identification Number (PIN) with the retirement office.**

How do I enroll on the web?

During the Open Enrollment period, you may access our web enrollment at <https://myretirement.ky.gov>. Once you login to our self-service site, look for the view health insurance enrollment history link on the left toolbar. This page displays your current health insurance coverage through KRS and gives you the option to submit your KEHP enrollment online. If you are cross-referencing with an active employee, you must complete a paper application. If you complete web enrollment, please DO NOT complete a paper application.

Are you or your dependents enrolled in Medicare?

If you or your dependents are enrolled in Medicare and not employed full-time, you or your Medicare eligible dependent may not be eligible for the KEHP plans and must enroll in a KRS Medicare eligible health plan for 2015. Refer to page 5 for details on Medicare and KEHP eligibility. Please contact our office for further information regarding enrollment in a Medicare eligible plan through KRS.

What's New for 2015

What are Tobacco User Fees?

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

- “Regularly” means tobacco has been used four or more times per week on average excluding religious or ceremonial use.
- “Tobacco” means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.
- “Dependent” means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

If you have regularly used tobacco within the past six months, you are not eligible for the monthly premium discount. For those with single coverage, the discount is \$40.00 per month. For those with any dependent coverage (Parent Plus, Couple, Family), even if only one person uses tobacco, the discount is \$80.00. You should add either \$40.00 or \$80.00 to the premium amounts for your level of coverage.

Before You Send In Your Application:

1. **Make sure all questions are answered.**
2. **All 4 pages must be returned.**
3. **A signature is required on page 4. If the retiree is not the planholder then both the retiree and the planholder must sign.**
4. **Failure to submit a completed application could result in a delay of benefits and receipt of insurance cards.**

Anthem is the Medical Plan Administrator

You're in control and that's a healthy place to be

It's time to get pumped up about being as healthy as you can be by using all the exciting benefits, tools and resources that come with a Kentucky Employees' Health Plan (KEHP) from Anthem Blue Cross and Blue Shield.

Our plans offer simple, useful, smart ways to get the care you need, when you need it. And we keep a close eye on costs to help you get the most value for your money.

That's why we:

- Work closely with members, like you — in ways that range from online groups to personal health consulting — to help you get the personalized care you need and deserve
- Offer health plans that work in today's world with programs and tools that aim to help you improve your health, as well as help you stay healthy in the long run

You've got choices

Some of our programs include:

- **Behavioral health:** Help with mental health issues like depression
- **Chronic care:** Care for ongoing health problems such as diabetes, asthma, allergies and high blood pressure
- **Case management:** Special services and programs for members with certain high-risk health problems
- **Future Moms:** Call a registered nurse for answers to your pregnancy questions, and help you have a safe delivery and healthy child
- **24/7 NurseLine:** Registered nurses that can answer your health questions any time of the day or night
- **Neonatal intensive care unit (NICU):** Helps meet the complex needs of certain newborn babies and their mothers

We're here to help

We'll show you how to make the most of your coverage and take charge of your health. For more information call customer service at the number on the back of your member ID card or visit anthem.com/kehp.



Compass is the Transparency Vendor



KEHP and
Compass SmartShopper
Invite You To

SEE HEALTHCARE DIFFERENTLY

The Transparency Problem

Healthcare providers charge vastly-different prices for the exact same quality medical services and don't publish their prices, making it nearly impossible to shop.



The SmartShopper Solution







SmartShopper is a Game Changer. Our simple but powerful shopping tool, financial rewards and site-of-care outreach programs transform employees into empowered healthcare consumers.

Compass SmartShopper is a GAME CHANGER



NEW SHOPPING TOOL




Shopping healthcare services just got even easier. We're pleased to announce the launch of our new, fully-mobile healthcare cost transparency website, www.compasssmartshopper.com, which offers:

-  Access from any computer or mobile device,
-  Improved navigation with faster shopping experience,
-  Intuitive, Google-like search function,
-  Results in convenient list and map views,
-  Helpful member-specific alerts,
-  Quick, simple registration.



SAME GREAT SERVICE

Did you know that you or your dependents' medical procedure or diagnostic test can qualify for a **\$25 - \$500 CASH REWARD** when you shop with SmartShopper?

-  Simply go online or call to quickly and easily shop quality inpatient and outpatient health care services in your area.
-  Save hundreds or even thousands of dollars when you choose a lower-cost healthcare provider.
-  Receive your **CASH REWARD** in 45-60 days after you have the procedure at a cost-effective location. No forms or hassles!
-  A SmartShopper customer service expert is always on hand to assist you with your choice.

Join the over 2,000 KEHP members that have earned more than \$200,000 in CASH REWARDS!

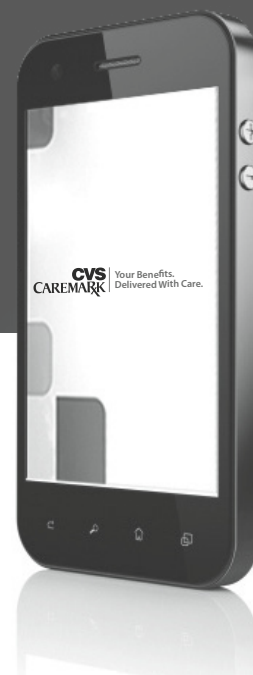
Register Online Today at www.compasssmartshopper.com.

Or Call 1-855-869-2133
Monday-Thursday 8am-7pm | Friday 8am-5pm

SmartShopper
powered by COMPASS®

CVS/caremark is the Pharmacy Benefit Manager

Pharmacy, Phone, Online and at the Tap of an App — we've got you covered in 2015!



CVS/caremark is proud to manage the Kentucky Employees' Health Plan Prescription Drug Program.

Starting January 1, 2015, CVS/caremark can help you manage your medicine and find ways to save time and money — when, where and how you want it!

Enjoy 24/7 access to support and services. We'll help you understand the when and how-to of taking your medicine, fills and refills, and all the ways you can save. We also offer CVS Caremark Specialty Pharmacy for plan members who need specialty medicine for treating complex health conditions.

Welcome!

Starting October 1, 2014

Talk with CVS/caremark Customer Care toll-free at **1-866-601-6934** to learn more.

Starting January 1, 2015

Retail Pharmacy Network

- » Choose from a network of more than 68,000 retail pharmacies nationwide
- » Your new prescription benefits do not require that you use only CVS/pharmacy locations; you may use any retail pharmacy within the CVS Caremark nationwide network
- » Pick up 90-day supplies of your maintenance medicines at select retail network pharmacies for the same lower cost as mail service

Register at Caremark.com

- » Compare your drug costs and generic drugs for savings
- » Set up mail service for 90-day supplies of your maintenance medicines
- » Find the Plan's most current Preferred Drug List

Call Us Anytime Toll-free at 1-866-601-6934

- » Talk to a CVS/caremark pharmacist or Customer Care representative anytime, 24/7
- » Set up mail service for 90-day supplies

Download Our Free Mobile App



- » Refill by simply scanning the barcode on your Rx label with your smartphone
- » Find a pharmacy, review orders, check costs

CVS/caremark™

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HumanaVitality is the Wellness Administrator

The path to earning Vitality Points and rewards

If you have a MyHumana username/password, you can use it to sign in or register at Livingwell.ky.gov and click on “HumanaVitality login.”



¹HumanaVitality keeps information personal and private. For details of the Privacy Policy, visit Vitality.Humana.com/HumanaVitalityPortal.

²Vitality HealthyFood is not available to all HumanaVitality members. Sign into your HumanaVitality.com account to determine your eligibility.

³Not all HumanaVitality programs include working with a personal health coach.

⁴Products offered through the HumanaVitality Mall may change without notice.

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Macy's is not a sponsor or co-sponsor of this program. The gift card is issued by Macy's Gift Card, LLC and is required for all inquiries. For complete Terms and Conditions please visit www.macys.com/service/gift/terms.jsp.

The 2015 *LivingWell* Promise

✓ YES

If you say **YES** to the 2015 LivingWell Promise, you the planholder, **AGREE** to:

Take the HumanaVitality® Health Assessment (HA) from Jan. 1 through May 1, 2015

OR

Complete a Vitality Check (biometric screening) from Jan.1 through May 1, 2015

By saying YES, you are eligible to select one of two LivingWell plan options for the 2015 plan year:

- LivingWell CDHP
- LivingWell PPO

Step-by-step instructions to complete the Promise are available at keh.p.ky.gov.

If you elect a LivingWell plan option and do not complete the LivingWell Promise, you will only be eligible for the Standard plan options in 2016.

Only the planholder must complete the LivingWell Promise; however, if you have a cross-reference payment option, you and your spouse must both complete the LivingWell Promise.

If you are unable to fulfill the LivingWell Promise because of a physical or mental health condition, KEHP will work with you to develop an alternative way to qualify for either LivingWell plan option.

Your privacy is of the upmost importance to KEHP. Your HA responses and your biometric screening results are confidential and protected under the law. KEHP will not collect, access, or share your HA responses or biometric screening results.

NOTE: Special rules apply to new hires.

✓ NO

If you say **NO** to the LivingWell Promise, you are not required to comply with the terms of the LivingWell Promise. By saying **NO** you are only eligible for the Standard plan options for the 2015 plan year:

- Standard CDHP
- Standard PPO

If you elect a Standard plan option in 2015, you are eligible to change your election during the next open enrollment period or if you have a qualifying event.



LivingWell Success Stories

Emmanuel Kyeremeh, *Education & Workforce Development Cabinet*

For Emmanuel, it all started when he won a pedometer! "I'm very competitive. The rewards are my motivation. That's what keeps me going." Today, you'll rarely see him without his pedometer. Although he's lost two, he has had enough Vitality Bucks to purchase replacements. "My goal is to build my Bucks to earn the iPad mini," he said.



When Emmanuel got his Vitality Check, he gained a new perspective. His family has a history of diabetes, and his test showed higher than average cholesterol levels. "It opened my eyes to the need for a healthier lifestyle." Since then, he's lost 12 pounds and he feels his cholesterol is more in line. He uses his HealthyFood card at Walmart, is participating in the Better Bites program at work, and gets between 10-12,000 steps each day. "I've been able to share my experience with others and they've gotten involved. I wish we could do even more! Each part of the program encourages people to think about ways they can become healthier."

Katie Hanly, *Revenue Cabinet*

Just a year ago, Katie Hanly literally made a life-changing move. She and her family moved to downtown Frankfort, and she decided to take advantage of the opportunities in the area. She began using the sidewalks to walk and the downtown venues like the YMCA and local yoga studio for exercise, and she joined the Frankfort Striders running club.

She didn't want to smoke in her new home, and decided to make a commitment to quit. "I had the entire arsenal," she said, including nicotine patches, medication and electronic cigarettes. "Nothing in itself worked, except running. I think there's a hole that has to be filled. For me, I had to replace smoking with something else, and that was running."

She's now training for a mini-marathon, and her goal is to participate in a trail run through the Redwood Forest in California with her two cousins. Until then, she hopes to repeat her races and beat her own time.

Katie is already at Vitality Platinum Status, has earned a Fitbit, and has won two jackpot drawings - a Garmin and a digital scale. "I missed Platinum Status my first year by 20 points!"

Her advice for others is to keep on swimming (or running)! "The longer you go, I think the easier it is. You gain confidence and each day is reinforcement for the next."



Yvonne Blair, *Department of Education*

Yvonne Blair's parents started a family at an early age, which meant they were typically much younger than her friends' parents. She saw her parents as invincible! Then, at age 53, her father had a severe stroke. She began to realize, with her family's history of diabetes, heart disease and hypertension, she would be climbing an uphill battle to good health.



"It was at that moment of self-reflection that I decided to analyze my approach to health and become proactive!" Yvonne said. When KEHP offered their new line of health insurance plans, she decided to choose a LivingWell plan. After taking her required health assessment, an alarm sounded and she began to make significant lifestyle changes. She has since lowered her blood pressure and sugar levels, and has lost 70 pounds. "The wellness component of the plan helped me to set personal health goals for myself, and the incentives kept me motivated." On average, Yvonne is now walking a 5K every day, and couples that with a high intensity cardio workout and muscle strengthening.

"The largest incentive for living my healthy lifestyle is my children - my two teenagers and toddler," Yvonne said. "It's my goal to be able to live an active and healthy lifestyle with them."



Pam Hamrick, *Cabinet for Health and Family Services*

Confronted with one discouraging diagnosis after another, Pam has spent much of her life determined to combat the health challenges facing her. Type 1 diabetes was discovered early on, and had to be managed with insulin. Eight years ago, she received the news of breast cancer. But, after two surgeries, Pam is now cancer free. "With both of these

conditions, it just made me determined to stay healthy," she said. She is now past the five-year mark and checkups aren't required as often.

Her latest hurdle is osteoporosis, discovered two years ago. So, Pam has started walking on breaks and taking her dog for walks in the evenings. Keeping track of her steps on her HumanaVitality pedometer, she averages four miles each day. She teams up with her co-workers to stay motivated. "Walking helps me stay fit, helps my bones stay strong, and keeps me healthy."

"At my last checkup, I had the best A1C levels I've had for seven years! My doctor was thrilled."

Completing the *LivingWell* Promise: HA or Vitality Check

More than 137,000 KEHP planholders have already taken their HumanaVitality Health Assessment (HA) as part of their 2014 LivingWell Promise! The Health Assessment (HA) is a series of questions about your current physical and mental well-being, your day-to-day lifestyle, and how you feel about your current health levels. It takes about 10-15 minutes and will tell you your Vitality Age.

Only the planholder must complete the LivingWell Promise; however, if you have a cross-reference payment option, you and your spouse must both complete the LivingWell Promise.

A Health Assessment increases your awareness of your health status. The results do not affect your health insurance coverage or premiums.

*KEHP takes your personal health information seriously and has measures in place to protect this information. All responses to your HA are **strictly confidential** and protected under HIPAA. KEHP will not collect or access your personal health information, nor will KEHP share your personal health information with your employer. Only HumanaVitality will have access to and be able to view your HA responses. The responses have no impact on rates or benefits under your health insurance plan.*

Follow the instructions below to complete the HA from Jan. 1, 2015 through May 1, 2015.



Take the HumanaVitality Health Assessment

Visit livingwell.ky.gov and click on the HumanaVitality login.

First time users

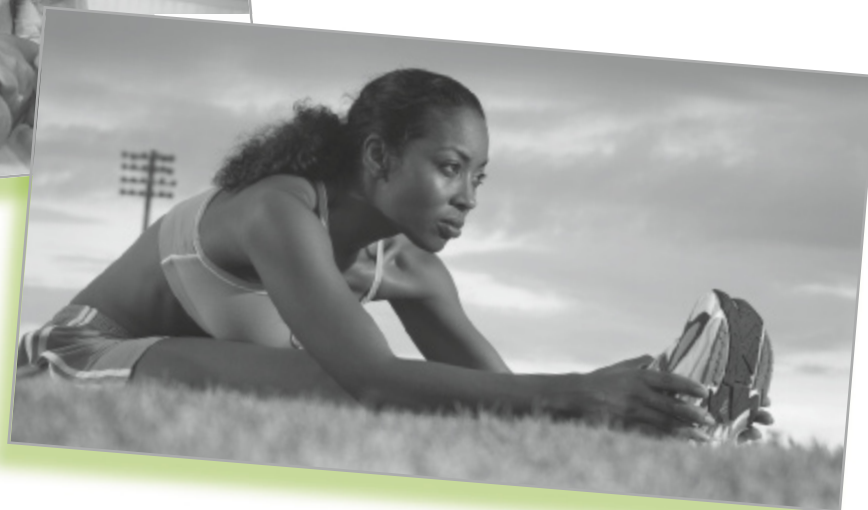
Click on "Register Now" and complete the required fields. You will be issued a HumanaVitality ID card and you will enter the number found on your HumanaVitality ID Card or enter your social security number. Check the box agreeing to the terms, and click "Continue." Verify the member found is you. Create a username and password. After completing the registration process, return to HumanaVitality to sign in using the username and password you just created.

Returning users

Sign in using your username and password.

After you sign in, click on the alert to "Take the Health Assessment" or look for the "Health Assessment" link under the "Get Healthy" tab. If you know your medical history and key measurements, have them ready to help you complete your HA. If you don't have your key measurements, don't worry, you'll still be able to complete the HA. If you had a Vitality Check (biometric screening) within the last 18 months, you will see those results have pre-populated into your HA. The results cannot be updated until a new Vitality Check is submitted. To find a Vitality Check location near you, visit livingwell.ky.gov.

Receive your Vitality Age based on your HA responses. HumanaVitality will then recommend goals. If you choose, you may select goals and discover activities that will allow you to commit to a healthier lifestyle, improve your Vitality Age, and earn Vitality Points™ and rewards along the way.



Completing the *LivingWell* Promise: HA or Vitality Check



Complete a Vitality Check

A Vitality Check is a biometric screening that consists of: lab work to test your cholesterol and blood glucose; a blood pressure check; height, weight and waist circumference to learn your Body Mass Index (BMI). For more accurate results, fast for at least nine hours prior to the test.

You will earn 400 Vitality Points for taking each test (cholesterol, blood glucose, blood pressure). You'll earn more Vitality Points for completing a Vitality Check than you will by taking just a Health Assessment. If you choose, you may take both and earn more points! A Vitality Check will give you more accurate and recent results to use when populating your Health Assessment. And in turn, you will have a more accurate Vitality Age.

The Vitality Check increases your awareness of your health status. The results do not affect your health insurance coverage or premiums.

There are four options available to you to complete your biometric screening.

1. At a KEHP scheduled, select, onsite location — to be announced at a later date. (onsite work locations) <ul style="list-style-type: none">• Go to livingwell.ky.gov• Click on the Get a Vitality Check box• Use the map in the Vitality Check locator to find a location near you.	No cost to you The Vitality Check location will submit your results to HumanaVitality.
2. Through your local health department <ul style="list-style-type: none">• Go to livingwell.ky.gov to find a location• Present your HumanaVitality ID card at the health department	No cost to you The health department locations will submit your results to HumanaVitality.
3. At a retail clinic (e.g. Krogers' Little Clinics, Walgreens' Take Care Clinics, Concentra) <ul style="list-style-type: none">• Go to livingwell.ky.gov• Click on the Get a Vitality Check box• Choose from the locations listed• Print the associated Vitality Check voucher• Present the voucher and your HumanaVitality ID card at the retail clinic	No cost to you The retail clinic location will submit your results to HumanaVitality.
4. At your Primary Care Physician (PCP) <ul style="list-style-type: none">• Go to livingwell.ky.gov• Click on the Get a Vitality Check box• Click on the "primary care physician" tab• Print a copy of the "PCP Vitality Check Voucher" located at livingwell.ky.gov• Fax the completed form to HumanaVitality at 1-877-250-7814 or mail to P.O. Box 14613, Lexington KY 40512-4613	Preventive Services are at no cost to you if you use an in-network provider; however, there may be a charge if your provider submits the claim other than preventive services.

Only the planholder must complete the LivingWell Promise. If you have a cross-reference payment option, you and your spouse must both complete the LivingWell Promise.

Getting Started with Health Insurance

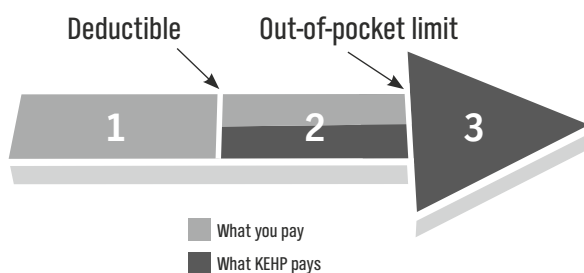
Who is Anthem Blue Cross and Blue Shield?

We are Kentuckians, and we are proud of our 75 year history here. We also understand the importance of keeping our communities healthy, because we're part of every community across our great Commonwealth — from Paducah to Pikeville.

KEHP is your self-insured health plan—meaning the KEHP determines your benefit plan designs, Anthem as your third party administrator, will offer the largest network of providers, excellent service and technology, and significant opportunities to help hold down costs. Visit anthem.com/KEHP to learn more.

How does my plan work?

1. You pay your deductible. This is a set amount that you pay before your plan starts paying for covered services. If your plan has co-pays (flat fees like \$25 for each visit) along with a deductible, you only need to pay the co-pay for most doctor visits.
2. After you meet your deductible, you and KEHP share the cost of covered services. You pay a co-pay or co-insurance (a percentage of the cost) each time you get care. Your KEHP plan covers the rest.
3. You're protected by your plan's out-of-pocket limit. The out-of-pocket limit is the most you pay for covered health services each year.
 - What about the money for health insurance that gets deducted from your paycheck? That's your premium or contribution. Think of it like a membership fee. It's separate from what you pay when you get care.
 - Remember, this chart is only an example. Your actual costs will depend on the type of plan you choose, the service you get and the doctor. To see your actual costs, please refer to your plan information.



Are there any other health programs?

Yes, check out these health programs KEHP is providing in addition to your health insurance benefits.

- **24/7 NurseLine** — Our registered nurses can answer your health questions wherever you are — any time, day or night.
- **Behavioral Health** — Coping with both mental health and medical conditions can be confusing and frustrating. Licensed health professionals will work closely with you to make a plan for reaching your goals and overcoming barriers.
- **Future Moms** — Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.
- **Chronic Care** — If you or someone you love has a chronic health condition, Anthem's Personal Health Consultants can help. They help people of all ages manage the symptoms of asthma and diabetes. And they work closely with adults who are dealing with chronic obstructive pulmonary disease (COPD), heart failure and coronary artery disease (CAD).
- **MyHealth Advantage** — Avoid health problems, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail.
- **Case Management** — If you're coming home after surgery or a hospital stay, or even if you have a serious health condition, a Personal Health Consultant can help. There's no need to do anything; we'll call you. A nurse will call and go over your doctor's instructions about follow-up care and medicines and even give personal lifestyle coaching.
- **End-Stage Renal Disease (ESRD)** — If you're coming home after surgery or a hospital stay, or even if you have a serious health condition, a Personal Health Consultant can help. There's no need to do anything; we'll call you. A nurse will call and go over your doctor's instructions about follow-up care and medicines and even give personal lifestyle coaching.

How can my plan help me save money?

You'll save money every time you go to a doctor in network — they've agreed to charge lower rates for Anthem members. But we'll also help save you money before you go to the doctor.

At anthem.com, you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products.

Can I keep my current doctor?

"Yes, you should be able to keep your current doctor". But keep in mind that you get the most out of your plan if your doctor is participating in the network. Your plan pays more of the cost when you see a network doctor.

Anthem's participating provider network is very robust! In Kentucky, 100% of hospitals participate and 96% of providers participate. Nationally, 96% of hospitals participate and 92% of providers.

To find out if your doctor is in our network, or to find a new doctor in our network, go to our Find a Doctor tool on anthem.com. You can search by specialty and check a doctor's training, certifications and member reviews. Be ready to enter your plan name to view the network that serves your plan. You can also use Find a Doctor on your smartphone.



LivingWell Plan Options

LivingWell CDHP

- The LivingWell Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- If you choose this plan, you must complete the LivingWell Promise.
- You receive a KEHP-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket.
- If you currently have the LivingWell CDHP or the Standard CDHP, and choose this plan, any remaining HRA balance will carry over to this plan.
- This plan has the lowest annual out-of-pocket maximum and co-insurance percentage.
- Medical and pharmacy expenses apply to the maximum out-of-pocket.

HRA helps reduce your costs

The HRA can be used to reduce your deductible by 40%. You will receive a WageWorks® Healthcare Card pre-loaded with \$500 for single coverage or \$1,000 for couple, parent-plus or family coverage level. Just swipe the WageWorks® Healthcare Card at any in-network provider's office or pharmacy and the eligible expense amount will be reduced from your card balance. Most of the time, your card swipes are automatically processed; however, you may have to submit expense receipts for documentation if the card swipe cannot be automatically verified.

HRA funds

If your annual expenses are below \$500 for single coverage or below \$1,000 for all other coverage levels, you won't have to spend any money out of your own pocket. Also, any funds in your HRA remaining at the end of 2015 will carry over to your new HRA for 2016, if you select a CDHP. Once you use all your HRA funds, you will pay for any additional expenses up to your deductible. After the deductible is met, co-insurance begins. This plan has the best co-insurance — you pay only 15%, and the health plan pays 85% of all eligible expenses.



LivingWell PPO

- The LivingWell Preferred Provider Organization (PPO) is a traditional health plan.
- If you choose this plan, you must complete the LivingWell Promise.
- This plan is a good choice if you prefer having a larger premium in exchange for a fixed co-pay for certain services.
- This plan includes a flat co-pay amount for prescription coverage.
- The out-of-pocket amount for the LivingWell PPO is the same as with the LivingWell CDHP. However, with the PPO plan there is no HRA provided to help you reduce your costs.
- Separate medical and prescription out-of-pocket maximums. Co-pays apply to the out-of-pocket maximums.

The LivingWell CDHP and the LivingWell PPO both contain the LivingWell Promise. The chart below is for illustrative purposes only. See how your costs compare under both plans below if you have single coverage:

Non-Smoker with Single Coverage	LivingWell CDHP	LivingWell PPO
<i>Employer HRA contribution</i>	\$500	\$0
<i>Your healthcare expenses for the year</i>	\$7,000	\$7,000
<i>Use your KEHP-funded HRA to pay</i>	-\$500	\$0
<i>Your remaining balance</i>	\$6,500	\$7,000
<i>You pay \$150 emergency room co-pay</i>	\$0	-\$150
<i>Your remaining balance</i>	\$6,500	\$6,850
<i>You pay remaining deductible amount</i>	-\$750	-\$500
<i>Your remaining balance</i>	\$5,750	\$6,350
<i>Plan pays 85% or 80%</i>	-\$4,887.50 (85%)	-\$5,080 (80%)
<i>You pay the other 15% or 20%</i>	\$862.50 (15%)	\$1,270 (20%)
<i>Your costs for treatment</i>	\$1,612.50 (deductible + co-insurance)	\$1,920 (co-pay + deductible + co-insurance)
<i>Your total annual premium</i>	\$575.76	\$959.76
<i>Your total annual costs</i>	\$2,188.26 (deductible + co-insurance + premium)	\$2,879.76 (deductible + co-pay + co-insurance + premium)

Standard Plan Options

Standard PPO Plan Option

- The Standard Preferred Provider Organization (PPO) is a traditional health plan offering lower premiums and higher out-of-pocket costs.
- This plan does not require the LivingWell Promise.
- This plan reimburses most covered expenses at 70%.
- Under this plan, you pay 30% of the total in-network prescription cost within a minimum and maximum range.
- Emergency room co-pays are \$150, plus the deductible and co-insurance.
- Regardless of the pharmacy tier, the amount you pay is capped at a maximum amount.
- Separate medical and prescription out-of-pocket maximums. Co-pays apply to the out-of-pocket maximums.



Standard CDHP Plan Option

- The Standard Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- You receive a KEHP-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket.
- This plan does not require the LivingWell Promise.
- This plan offers the lowest premiums in exchange for higher deductibles.
- **Any member who fails to elect or waive coverage by Oct. 30, 2014, is automatically enrolled in this plan with single coverage.**

HRA helps reduce your costs

The HRA can be used to reduce your deductible. You will receive a WageWorks® Healthcare Card pre-loaded with \$250 for single coverage or \$500 for couple, parent-plus or family coverage level. Just swipe the WageWorks® Healthcare Card at any in-network provider's office or pharmacy and the eligible expense amount will be reduced from your card balance. Nearly 80% of all WageWorks® Healthcare Card swipes are automatically processed; however, you may have to submit expense documentation or substantiation.

HRA funds

If your annual expenses are below \$250 for single coverage or below \$500 for all other coverage levels, you won't have to spend any money out of your own pocket. Also, any funds in your HRA remaining at the end of 2015 will carry over to your new HRA for 2016, if you select a CDHP. Once you use all your HRA funds, you will pay for any additional expenses up to your deductible. After the deductible is met, co-insurance begins.

The Standard CDHP and the Standard PPO do not contain the LivingWell Promise. The chart below is for illustrative purposes only. See how your costs compare under both plans below if you have single coverage.

Non-Smoker with Single Coverage	Standard PPO	Standard CDHP
<i>Employer HRA contribution</i>	\$0	\$250
<i>Your healthcare expenses for the year</i>	\$7,000	\$7,000
<i>Use your KEHP-funded HRA to pay</i>	\$0	-\$250
<i>Your remaining balance</i>	\$7,000	\$6,750
<i>You pay \$150 emergency room co-pay</i>	-\$150	\$0
<i>Your remaining balance</i>	\$6,850	\$6,750
<i>You pay remaining deductible amount</i>	-\$750	-\$1,500
<i>Your remaining balance</i>	\$6,100	\$5,250
<i>Plan pays 70%</i>	-\$4,270	-\$3,675
<i>You pay the other 30%</i>	-\$1,830	-\$1,575
<i>Your costs for treatment</i>	\$2,730 (co-pay + deductible + co-insurance)	\$3,075 (deductible + co-insurance)
<i>Your total annual premium</i>	\$575.76	\$155.76
<i>Your total annual costs</i>	\$3,305.76 (deductible + co-pay + co-insurance + premium)	\$3,230.76 (deductible + co-insurance + premium)

Use the guide on pages 23-25 if you are receiving benefits, were Hired and began Participating with KRS before July 1, 2003.

Non-Hazardous Duty Calculations begin on page 23.

Hazardous Duty Calculations begin on page 24.

Use the guide on pages 27-29 if you are receiving benefits, were Hired July 1, 2003 or later, and began Participating with KRS between August 1, 2004 and August 31, 2008.* Or began Participating with KRS on or after September 1, 2008.**

If you are receiving a monthly retirement benefit, that qualifies you to receive a Health Insurance Percentage contribution and also receiving a monthly retirement benefit that qualifies you to receive a Health Insurance Dollar contribution, please contact the Retirement office for help calculating your cost.

Need help? Call 1-800-928-4646.

Premium calculation for percentage contribution based on service credit for Non-Hazardous retirees or beneficiaries who began participation prior to 7/1/2003 or beneficiary eligible for Percentage Contribution.



1. Select Plan Select one. Determine your monthly premium (will begin January 1, 2015).

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$689.28	\$950.62	\$1,282.84	\$1,432.06	\$795.64
LivingWell PPO	\$708.56	\$1,007.46	\$1,543.58	\$1,716.92	\$851.66
Standard PPO	\$665.40	\$946.88	\$1,451.56	\$1,615.30	\$800.28
Standard CDHP	\$650.92	\$913.28	\$1,406.14	\$1,566.20	\$777.90

Box 1

* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse's insurance coordinator of information on spouses portion of the premium.



2. Service Credit Subtract the following, based upon your months of service.

Applicant's Service Credit	Contribution ¹
240 months or more	\$708.56
180 - 239 months	\$531.42
120 - 179 months	\$354.28
48 - 119 months	\$177.14
0 - 47 months	\$0.00

Box 2



3. Tobacco Status Select one, based upon the past six months.

Applicant's Tobacco Status	Value
Non-tobacco user	\$0.00
Retiree or Beneficiary who uses tobacco and selects Single coverage	\$40.00
Retiree or Beneficiary who uses tobacco, selects Parent Plus, Couple or Family coverage	\$80.00

Box 3



4. Monthly Premium

Your Total

Box 1 - Box 2 + Box 3 =

¹ KRS does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KRS.

Premium calculation for percentage contribution based on service credit for **Hazardous Duty** or both Haz and Non-Haz duty retirees or beneficiaries who began participation prior to 7/1/2003.



1. Select Plan

Determine your monthly premium (beginning January 1, 2015) and enter the value in Box 1.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$689.28	\$950.62	\$1,282.84	\$1,432.06	\$795.64
LivingWell PPO	\$708.56	\$1,007.46	\$1,543.58	\$1,716.92	\$851.66
Standard PPO	\$665.40	\$946.88	\$1,451.56	\$1,615.30	\$800.28
Standard CDHP	\$650.92	\$913.28	\$1,406.14	\$1,566.20	\$777.90

Box 1

* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. If Cross-Reference option is selected and the retiree has a surplus of contribution to cover the retiree's portion of the premium, it will be applied to the spouses portion of the premium.



2. Service Credit

Based upon the applicant's months of service credit at retirement, enter a value in Box 2 below.

Applicant's Service Credit	Contribution ¹
240 months or more	\$708.56
180 - 239 months	\$531.42
120 - 179 months	\$354.28
48 - 119 months	\$177.14
0 - 47 months	\$0.00

Box 2



3. Spouse & Dependent Coverage

If you retired **August 1, 1998 or after**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon hazardous duty service credit only. Apply your service credit to the first table on the next page to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3 on the next page.

If you retired **prior to August 1, 1998**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit. Apply your total service credit to the first table on the next page to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3 on the next page.



3. Spouse & Dependent Coverage (continued)

Hazardous Service Only ²	Parent Plus	Couple	Family	Family X-Ref
240 months or more	\$298.90	\$835.02	\$1,008.36	\$994.76
180 - 239 months	\$224.18	\$626.27	\$756.27	\$746.07
120 - 179 months	\$149.45	\$417.51	\$504.18	\$497.38
48 - 119 months	\$74.73	\$208.76	\$252.09	\$248.69
0 - 47 months	\$0.00	\$0.00	\$0.00	\$0.00

Box 3

² If you retired prior to August 1, 1998, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit.



4. Tobacco Status Select one, based upon the past six months.

Applicant's Tobacco Status	Value
Non-tobacco user	\$0.00
Retiree or Beneficiary who uses tobacco and selects Single coverage	\$40.00
Retiree or Beneficiary who uses tobacco, selects Parent Plus, Couple or Family coverage	\$80.00

Box 4



5. Monthly Premium

Your Total*

Box 1 - Box 2 - Box 3 + Box 4 =

Premium Calculation for Retirees eligible to receive Health Insurance Dollar Contribution

Use this guide if you are receiving benefits, were Hired July 1, 2003 or later, and began Participating with KRS between August 1, 2004 and August 31, 2008.* Or began Participating with KRS on or after September 1, 2008.**

**In order to be eligible for health insurance benefits, you must have 120 months of service upon retirement.*

***In order to be eligible for health insurance benefits, you must have 180 months of service upon retirement.*

For service in a nonhazardous position, you will receive a monthly dollar contribution of \$12.61 for each year of service per month. The Dollar Contribution will increase by 1.5% on July 1st.

i.e. if you began participating September 1, 2003 in a nonhazardous position, and retired effective October 1, 2013, you would receive \$126.10 per month towards health insurance premiums.

For service in a hazardous position, you will receive a monthly contribution of \$18.91 for each year of service per month. The Dollar Contribution will increase by 1.5% on July 1st.

i.e. if you began participating September 1, 2003 in a hazardous position, and retired effective October 1, 2013 you would receive \$189.10 per month towards health insurance premiums.

If you have hazardous and nonhazardous service, you will receive contribution based on the amount of full years of service for each.

i.e. if you began participating September 1, 2003 in a nonhazardous position until September 30, 2008 (5 years x \$12.61= \$63.05), and then began participating October 1, 2008 in a hazardous position, and retired effective November 1, 2013 (5 years x \$18.91= \$94.55), you will receive \$157.60 per month towards health insurance premiums (\$63.05+\$94.55= \$157.60).

If you have a partial year of hazardous service and a partial year of nonhazardous service, they can be combined to equal a full year, you will receive 1 year of nonhazardous service.

i.e. if you have 9 years and 6 months of nonhazardous service and 6 months of hazardous service, your insurance contribution will be based on 10 years of nonhazardous service. You will receive \$126.10 per month towards health insurance premiums.

If you are receiving a monthly retirement benefit, that qualifies you to receive a Health Insurance Percentage contribution and also receiving a monthly retirement benefit that qualifies you to receive a Health Insurance Dollar contribution, please contact the Retirement office for help calculating your cost.

Premium calculation for Dollar Contribution based on service credit for retirees or beneficiaries who began participating on or after July 1, 2003.



1. Select Plan Select one. Determine your dollar contribution premium (will begin January 1, 2015).

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$689.28	\$950.62	\$1,282.84	\$1,432.06	\$795.64
LivingWell PPO	\$708.56	\$1,007.46	\$1,543.58	\$1,716.92	\$851.66
Standard PPO	\$665.40	\$946.88	\$1,451.56	\$1,615.30	\$800.28
Standard CDHP	\$650.92	\$913.28	\$1,406.14	\$1,566.20	\$777.90

Box 1

* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse's insurance coordinator of information on spouses portion of the premium.



2. Non-Hazardous Service Credit

Subtract the following, based on the calculation of Years of Non-Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Non-Hazardous Service Credit-Dollar Amount Contribution Level (participating date after 7/1/2003)	X	Years of Non-Hazardous Service
\$12.61*		

Box 2

Calculate the KRS Service Credit Dollar Amount by **multiplying the Years of Non-Hazardous Service by the Health Insurance Dollar Contribution Amount.**



3. Hazardous Service Credit

Subtract the following, based on the calculation of Years of Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Hazardous Service Credit-Dollar Amount Contribution Level (participating date after 7/1/2003)	X	Years of Hazardous Service
\$18.91*		

Box 3

Calculate the KRS Service Credit Dollar Amount by **multiplying the Years of Service by the Health Insurance Dollar Contribution Amount, using the appropriate hazardous and non-hazardous service credit.**



4. Tobacco Status Select one, based upon the past six months.

Applicant's Tobacco Status	Value
Non-tobacco user	\$0.00
Retiree or Beneficiary who uses tobacco and selects Single coverage	\$40.00
Retiree or Beneficiary who uses tobacco, selects Parent Plus, Couple or Family coverage	\$80.00

Box 4



5. Monthly Premium

Box 1 - Box 2 - Box 3 + Box 4 =

Your Total

KEHP 2015 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		Standard PPO		Standard CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Health Reimbursement Account (HRA)	Single \$500; Family \$1,000		Not Applicable		Not Applicable		Single \$250; Family \$500	
Annual Deductible*	Single \$1,250 Family \$2,500	Single \$2,500 Family \$5,000	Single \$500 Family \$1,000	Single \$1,000 Family \$2,000	Single \$750 Family \$1,500	Single \$1,500 Family \$3,000	Single \$1,750 Family \$3,500	Single \$3,000 Family \$6,000
	Applies to Medical and Pharmacy		Applies to Medical		Applies to Medical		Applies to Medical and Pharmacy	
Annual Medical Out-of-Pocket Maximum**	Single \$2,500 Family \$5,000	Single \$5,000 Family \$10,000	Single \$2,500 Family \$5,000	Single \$5,000 Family \$10,000	Single \$3,500 Family \$7,000	Single \$7,000 Family \$10,000	Single \$3,500 Family \$7,000	Single \$7,000 Family \$10,000
Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.								
Co-Insurance	Plan: 85% Member: 15%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
Doctor's Office Visits	Deductible then 15%	Deductible then 40%	Co-Pay: \$25 PCP; \$45 Specialist	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Physician Care (Inpatient/ Outpatient/Other)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Diagnostic Tests In Doctor's Office (Same Site/ Same Day as Office Visit)	Deductible then 15%	Deductible then 40%	Office Visit Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Other Laboratory	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Inpatient Hospital (Semi-Private Room)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient Hospital/Surgery	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient/ Ambulatory Surgery Center	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Emergency Room (Benefit for emergency medical treatment only)	Deductible then 15%		\$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted.		\$150 Co-Pay then Deductible then 30% Co-Pay waived if admitted.		Deductible then 30%	
ER Physician Care	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 30%	
Ambulance	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 30%	

KEHP 2015 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		Standard PPO		Standard CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care Center (Facility)	Deductible then 15%		\$50 Co-Pay		Deductible then 30%		Deductible then 30%	
Routine Well Child	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
Routine Well Adult	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
Mental Health	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.							
Autism Services	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.							
Allergy Injections	Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Maternity Care (See SPD for Specifics)	Deductible then 15%	Deductible then 40%	\$25 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Durable Medical Equipment	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Therapy Services (Per Visit; Physical, Occupational, Speech)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
	Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type	
Chiropractic Care	Deductible then 15%	Deductible then 40%	\$25 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
	Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day	

Prescription Drugs — Administered by CVS/caremark								
Annual Rx Out-of-Pocket Maximum	Combined with Medical	Combined with Medical	Single \$2,500 Family \$5,000	Not Applicable	Single \$2,500 Family \$5,000	Not Applicable	Combined with Medical	Combined with Medical
30-Day Supply Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non-Formulary	Deductible then 15%	Deductible then 40%	\$10 \$35 \$55	Not Applicable	30% Min \$10-Max \$25 Min \$20-Max \$50 Min \$60-Max \$100	Not Applicable	Deductible then 30%	Deductible then 50%
90-Day Supply (Retail or Mail Order) Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non Formulary	Deductible then 15%	Not Applicable	\$20 \$70 \$110	Not Applicable	30% Min \$20-Max \$50 Min \$40-Max \$100 Min \$120-Max \$200	Not Applicable	Deductible then 30%	Not Applicable

Notes: The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. **Please refer to the Summary Plan Descriptions (SPDs), available January 30, 2015, for a complete list of benefits.** KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2015 SPDs will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs.

— Co-pays do not accumulate toward the deductible, but they do accumulate toward the applicable out-of-pocket maximum.

— For the **LivingWell CDHP** and the **Standard CDHP** plans, all covered expenses apply to the out-of-pocket maximum. For the **LivingWell PPO** and the **Standard PPO** plans, the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

Changing Benefits

When You Need to Change Benefits

There are only three times you can change your benefit elections during the plan year.

- During the enrollment period when you first become eligible for benefits
- During the annual Open Enrollment period
- If you experience a life event, referred to as a Qualifying Event

What is a Qualifying Event?

- Marriage
- Having or adopting a child
- Divorce
- Loss of other group health insurance
- Legal guardianship or court order

When you have a Qualifying Event

In all cases, any change in your plan option or coverage level must be consistent with the qualifying event. For most events, you must complete an Enrollment/Change Application and submit it to your Insurance Coordinator or Human Resource Generalist within 35 calendar days. If you have a baby or adopt a child, you have 60 calendar days unless adding additional dependents and then you have 35 days.

Qualifying events are complicated and, at times, difficult to understand. There are restrictions on the types of changes you may make due to federal qualifying event rules.

If you do not sign and date the required form in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period. For additional information about qualifying events, contact KRS.



Prescription Coverage

Administered by CVS/caremark

Your prescription coverage is administered by CVS/caremark and is included with all KEHP plan options. You may go to any of the thousands of pharmacies participating in the CVS/caremark network.

The amount you pay for your prescription will depend on the plan option you select, and whether the prescribed drug is a tier 1 generic, tier 2 preferred brand, or tier 3 non-preferred brand.

Maintenance Drug Benefit

Purchasing a 90-day supply of maintenance drugs allows you to pay at a reduced cost. You may receive a 90-day supply through participating local retail pharmacies, or through CVS/caremark mail order. A list of local participating pharmacies can be found at kehp.ky.gov. To qualify for this benefit, the drug must be listed on CVS/caremark's maintenance drug list. For more information, call CVS/caremark at 866-601-6934.

Formulary

You may view the CVS/caremark formulary at kehp.ky.gov. The website also includes the Pharmacy Summary Plan Descriptions, which provides additional information about prior authorization, step therapy, quantity level limit programs, inherited metabolic diseases and specialty pharmacy.

Specialty Pharmacy

If you require a specialty drug to treat chronic, complex diseases such as cancer, multiple sclerosis, or rheumatoid arthritis, you must obtain it from CVS/caremark Specialty Pharmacy. KEHP will allow you to receive your initial specialty medication fill through a retail participating pharmacy. However, after the initial prescription is filled, all remaining prescriptions must be filled by CVS/caremark Specialty Pharmacy. Your specialty drugs will be delivered to your home.

For more information, call CVS/caremark at 866-601-6934.



2015 Benefit Fair Schedule

All locations will have free flu shots and the ability to enroll online.

Date	County	Times	Location
Oct 1st WED	Franklin	8a-6p	Frankfort Convention Center Main Auditorium 405 Mero St Frankfort, KY 40601
Oct 2nd THU	Nelson	4-8p	Nelson County High School 1070 Bloomfield Road Bardstown, KY 40004 Library and adjoining rooms
Oct 3rd FRI	Jefferson	8a-6p	Kentucky Fair & Expo Center West Wing, Hall B Louisville, KY
Oct 3rd FRI	Pulaski	2-6p	Center for Rural Development 2292 US 27 #300 Somerset, KY 42501 North Hall
Oct 6th MON	Boone	2-6p	Gateway Community & Technical College (Boone Co. Campus) 500 Technology Way Florence, KY 41042 Ctr. for Advanced Mfg. Bldg. Convening Center and Room 107A
Oct 7th TUE	McCracken	2-6p	Western KY Community & Tech College Emerging Technology Center 4810 Alben Barkley Dr Paducah, KY 42001
Oct 9th THU	Hopkins	4-8p	Jess Stuart Elementary School 1710 Anton Road Madisonville, KY 42431 Gymnasium and Computer Lab Rm #198
Oct 10th FRI	Christian	4-8p	Christian County Middle School 215 Glass Avenue Hopkinsville, KY 42240 Library
Oct 10th FRI	Mason	2-6p	Maysville Community and Technical College 1755 US Highway 68 Maysville, KY 41056 Technical Building
Oct 13th MON	Daviess	2-6p	Pangea Center 1320 B. Carter Road Owensboro, KY 42301
Oct 13th MON	Rowan	4-8p	Rowan County Middle School 555 Viking Drive Morehead, KY 40351
Oct 14th TUE	Calloway	4-8p	Calloway County High School 2108 College Farm Road Murray, KY 42071 Cafeteria and Media Room
Oct 15th WED	Warren	4-8p	Briarwood Elementary 265 Lovers Lane Bowling Green, KY 42103 Gymnasium

Date	County	Times	Location
Oct 16th THU	Adair	4-8p	Adair County High School 526 Indian Drive Columbia, KY 42728 Cafeteria
Oct 16th THU	Pike	4-8p	Pike Co Central High School 100 Winners Circle Dr Pikeville, KY 41501 Cafeteria
Oct 17th FRI	Boyle	4-8p	Danville High School 203 E. Lexington Avenue Danville, KY 40422 Cafeteria
Oct 17th FRI	Breathitt	4-8p	Breathitt Co High School 2307 Bobcat Lane Jackson, KY 41139 PE GYM
Oct 20th MON	Fayette	4-8p	Tates Creek High School 1111 Centre Parkway Lexington KY 40517 Cafeteria
Oct 20th MON	Floyd	4-8p	Prestonsburg High School 825 Blackcat Blvd. Prestonsburg, KY 41653 Gymnasium and Library
Oct 21st TUE	Boyd	4:30-8p	Boyd County High School 14375 Lions Lane Ashland, KY 41102 Commons Area and Media Center
Oct 21st TUE	Harlan	2-6p	Southeast Community & Tech College- Harlan Campus 164 Ballpark Rd, Harlan, KY 40831 Building 1 Conference Rm/ITV Rm/ Classrooms 101 and 103
Oct 22nd WED	Laurel	2-6p	Laurel County Board of Education GC Garland Administration Bldg, Room 204 710 N. Main St. London, KY 40741
Oct 22nd WED	Perry	4-8p	Perry County Central High School 305 Park Avenue Hazard, KY 41701 Library
Oct 24th FRI	Madison	4-8p	B. Michael Caudill Middle School 1428 Dr. Robert Martin Bypass Richmond, KY 40475 Cafeteria and Library

Call for Help

<i>Health Insurance Benefits</i>	Anthem Customer Service	844-402-KEHP (5347)*
<i>Prescription Benefits</i>	CVS/caremark Customer Service	866-601-6934*
<i>HRA Benefits</i>	WageWorks	877-430-5519*
<i>Wellness Information</i>	HumanaVitality	855-478-1623
<i>Shopper Discounts</i>	Compass SmartShopper	855-869-2133
<i>Employee ID and Password Assistance</i>	Commonwealth Office of Technology	877-741-7017** 502-564-3116**
<i>Computer and Technical Assistance</i>	Commonwealth Office of Technology	866-746-1613** 502-564-4597**
<i>Customer Service</i>	Department of Employee Insurance	888-581-8834 502-564-6534 Member Services Branch The DEI phone message will prompt you to choose from one of the following four options: Option 1 – KHRIS User ID, password, computer & technical assistance Option 2 – Benefit Questions Option 3 – Enrollment & eligibility Option 4 – DEI Member Services Oct. 13 – 17 8 am – 6 pm Saturday Oct. 18 8 am – 1 pm Oct. 20 – 24 8 am – 6 pm Saturday Oct. 25 8 am – 1 pm Oct 27 – 30 8 am – 8 pm
<i>LRP and JRP Retiree Questions</i>	Judicial Retirement Plan and Legislators' Retirement Plan	502-564-5310
<i>KCTCS Retiree Questions</i>	Kentucky Community and Technical College System Retirement	859-256-3100
<i>KRS Retiree Questions</i>	Kentucky Retirement Systems	800-928-4646 502-696-8800 kyret.ky.gov
<i>KTRS Retiree Questions</i>	Kentucky Teachers' Retirement System	800-618-1687 502-848-8500 ktrs.ky.gov

* Number will be available Oct. 1

**Numbers will be available from Oct.13-Oct.30

Before You Send In Your Application:

- 1. Make sure all questions are answered.**
- 2. All 4 pages must be returned.**
- 3. A signature is required on page 4. If the retiree is not the planholder then both the retiree and the planholder must sign.**
- 4. Failure to submit a completed application could result in a delay of benefits and receipt of insurance cards.**



Form 6200
Revised 09/2014

2015 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE APPLICATION

Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number		Hazardous Duty <input type="checkbox"/>		Coverage Effective Date	
<input type="checkbox"/> KRS 80000 10006416	<input type="checkbox"/> KTRS 85000 10006418	<input type="checkbox"/> KCTCS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420	
Reason for Application <input type="checkbox"/> New Retiree <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Qualifying Event (QE) <input type="checkbox"/> Other				Qualifying Event Date	
Deletion of Dependent <input type="checkbox"/> Divorce <input type="checkbox"/> Gaining other Coverage <input type="checkbox"/> Death <input type="checkbox"/> Gaining Medicare/Medicaid <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Other _____			Addition of Dependent <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Other Coverage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Loss of KCHIP/Medicaid <input type="checkbox"/> Guardianship/Court Order <input type="checkbox"/> Re-establishing Eligibility <input type="checkbox"/> Special Enrollment		

Section 2: Demographic Information

Retiree's SSN		Retiree Name (Last, First, MI)		Retiree Date of Birth	
Applicant's SSN		Applicant Name (Last, First, MI)		Applicant's Date of Birth	
Street Address		Home County	Home Phone Number		Home Email Address
City, State, ZIP			Cell Phone Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
					Married <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you Medicare eligible due to Social Security Disability? ☐ Yes ☐ No

Within the past 6 months, have you, or a spouse or dependent(s) 18 or over, to be covered under your insurance plan, used tobacco regularly? ☐ Yes ☐ No

Section 3: Spouse/Dependent Information - Skip to Section 4 if electing single coverage.

Spouse's Information

Social Security Number	Name (Last, First, MI)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Is Spouse Medicare eligible due to Social Security Disability? ☐ Yes ☐ No

Questions below only apply if you are electing the Cross-Reference Payment Option ONLY (LRP, JRP not eligible)

1. Do you and your spouse utilize the cross-reference payment option? (two KEHP members, married with child(ren))? <input type="checkbox"/> Yes			
2. Within the past 6 months, have you, the spouse, used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Date of Hire/Retirement	4. Organizational Unit #	5. Spouse's Company Name	6. Spouse's Company Number

Dependent(s) Information - If you need additional room for dependents, add them to another page and include it as part of the application

Child 1 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 3 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Are any dependents Medicare eligible due to Social Security Disability? ☐ Yes ☐ No If yes, who?

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Retiree's SSN

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Applicant's SSN

Section 4: Plan Options

- | | |
|---|--|
| <input type="checkbox"/> LivingWell CDHP -----> | <input type="checkbox"/> I AGREE to the LivingWell Promise |
| <input type="checkbox"/> LivingWell PPO -----> | <input type="checkbox"/> I AGREE to the LivingWell Promise |

If you do NOT AGREE to the LivingWell Promise, or if you failed to fulfill your LivingWell Promise in 2014, you must select a Standard plan option below

- ☐ Standard PPO
☐ Standard CDHP

Section 5: Coverage Levels

- ☐ Single (self only) ☐ Parent Plus (self and child(ren)) ☐ Couple (self and spouse) ☐ Family (self, spouse and child(ren))

Section 6: Waiving Health Insurance (no health insurance)

- ☐ No HRA - waiving insurance/not eligible/no employer-funding. Reason for waiving?

TOBACCO USE DECLARATION

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

TOBACCO USE INFORMATION**Check the applicable box below:**

Within the past six months, have you, or a spouse or dependent to be covered under your insurance plan, used tobacco regularly?

- ☐ Yes ☐ No

NOTE: Regularly means tobacco has been used four or more times per week on average excluding religious or ceremonial uses.

NOTE: "Tobacco" means all tobacco products including, but limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.

NOTE: "Dependent" means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

By submitting this form, I certify the following:

- I have truthfully checked the Yes or No box above that accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
- I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2015 if I answered "Yes" to the question above.
- I understand that it is my responsibility to notify KEHP of any changes in my tobacco-use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the plan year. Notification shall be made by completing a Tobacco Use Change Form.
- I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the plan year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form.
- I understand that if I answered "No" to the question above and either I or a spouse or dependent covered under my insurance plan become a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
- I understand that this Tobacco Use Declaration is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud files an application for insurance containing any materially false information, or who conceals, for the purposes of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
- I understand that if I fail to complete this Declaration truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
- The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its wellness program. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

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Retiree's SSN

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Applicant's SSN

Authorization and Certification for elections made by the planholder for health insurance coverage through the Kentucky Employees' Health Plan (KEHP or Plan), administered by the Department of Employee Insurance (DEI). My signature on this application for health insurance creates a legal and binding contract. By affixing my signature, I understand that:

- If I am electing a KEHP plan option during open enrollment, the plan will be effective January 1 of the following plan year. If I am a new retiree electing a KEHP plan option outside of open enrollment, my plan will be effective upon my retirement and in accordance with my Retirement System's new retiree health insurance coverage rules.
- I have read and understand the 2015 KEHP Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) and the Summary of Benefits and Coverage (SBC).
- All KEHP benefits for my eligible dependents and me will be provided in accordance with the limitations in the SPDs, BSG, and SBCs. I will abide by all terms and conditions governing membership and receipt of services from the Plan in which I have enrolled and as set forth in the SPD. In the event of a conflict between the terms of coverage stated in the SPDs, the BSG, and the SBCs, the terms of coverage stated in the SPDs will govern.
- KEHP uses third parties, including **Anthem and CVS Caremark and WageWorks** to provide certain administrative functions. KEHP may communicate with me directly or through these third parties about my coverage, my benefits, or health-related products or services provided by, or included in KEHP's plan of benefits.
- If my spouse and I elect the cross-reference payment option, we are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder. **(This option is not available to LRP/JRP retirees).**
- I certify that each enrolled dependent meets KEHP eligibility requirements of a dependent as set forth in the SPD and in the BSG. DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan.
- The elections indicated by this application may not be changed or cancelled during the plan year without a permitted Qualifying Event.
- I authorize my Retirement System to deduct from my earnings/benefits and/or bill me the amount required to cover my share of the premium contribution for the plan(s) I have selected, including any arrears I may owe.
- I authorize KEHP to release my medical claims data to my Retirement System for use in data analysis and referral to available health related services upon their review.
- Any premium payment submitted to KEHP that I intend to be used to pay for my health insurance premium contributions will first be used to pay other priority debts that may be due and owing such as taxes and child support.
- I authorize my Retirement System to release the information in this application to the Social Security Administration. The information in this application may be used by the Social Security Administration to determine Medicare eligibility. I further acknowledge that Medicare eligibility will affect my participation in KEHP. I acknowledge that I have an ongoing affirmative duty to inform my Retirement System of any change in Medicare eligibility status for myself, my spouse, or my dependent(s).
- Generally, the four KEHP plan options must pay primary to Medicare. If I am retired and have Medicare as well as a group health plan from a former employer, Medicare will pay primary to my group health plan coverage.
- If my KEHP plan option includes a Health Reimbursement Account (HRA), my HRA may only reimburse me for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. Pursuant to federal law, the cost of over-the-counter medicines (other than insulin and those prescribed by a doctor) may not be reimbursed through my HRA. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- Any unused amount remaining in my HRA at the end of the plan year may be carried forward to the next plan year.
- WageWorks will administer HRAs for the 2015 plan year and will issue to me a WageWorks Healthcare Card for the payment of HRA expenses. My WageWorks Healthcare Card will be suspended if the required HRA claim verification is not sent to WageWorks within ninety (90) days after the card swipe. I agree to follow all rules and guidelines established by the Plan concerning the WageWorks Healthcare Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my earnings, and offset my HRA if I fail to properly substantiate a claim.
- The KEHP offers discounted premium contribution rates to non-tobacco users as a part of its wellness program. If either I or a spouse or dependent to be covered under my insurance plan have used tobacco regularly within the past six months, I will not qualify for the discounted premium contribution rates. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees/retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at 888-581-8834 or 502-564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.
- If I have chosen one of the KEHP LivingWell plan options, I agree to complete the KEHP LivingWell Promise by (1) completing my online HumanaVitality Health Assessment; OR (2) VitalityCheck (biometric screening). If I am choosing a LivingWell plan option during open enrollment, I will complete the Health Assessment OR VitalityCheck (biometric screening) from January 1, 2015 – May 1, 2015. If I am a new retiree and I choose a LivingWell plan option outside of open enrollment, I will complete the Health Assessment or VitalityCheck (biometric screening) within 90 days of my coverage effective date.
- I have rights under HIPAA regarding the protection of my health information. KEHP will comply with the HIPAA privacy and security rules, and uses and disclosures of my protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at kehp.ky.gov.
- Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. I can be held responsible for any fraudulent act that I could have prevented while acting within my duties related to the KEHP, and it may be used to reduce or deny a claim or to terminate my coverage.
- I have fully read the materials provided to me. I further acknowledge that Medicare eligibility will affect my participation in KEHP. My signature on this application for health insurance certifies that all information provided during this enrollment opportunity is correct to the best of my knowledge.

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Retiree's SSN

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Applicant's SSN

Application MUST be signed by retirement Insurance Coordinator. Please mail application to:

KY Retirement Systems(KRS)

Perimeter Park West
1260 Louisville Road
Frankfort, KY 40601

KY Teachers' Retirement(KTRS)

479 Versailles Road
Frankfort, KY 40601

**KY Judicial Form Retirement
System (JRP/LRP)**

305 Ann Street, Room 302,
Whitaker Bank Bldg.
Frankfort, KY 40601

KCTCS Retirees

300 North Main Str.
Versailles, KY 40383

Retiree Signature

Date

Applicant Signature (if other than retiree)

Date

Spouse's Signature*

Date

Retiree's Insurance Coordinator's Signature

Date

Spouse's Insurance Coordinator's Signature*

Date

*Required if electing the cross-payment reference option.



Form 6200
Revised 09/2014

2015 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE APPLICATION

Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number		Hazardous Duty <input type="checkbox"/>		Coverage Effective Date	
<input type="checkbox"/> KRS 80000 10006416	<input type="checkbox"/> KTRS 85000 10006418	<input type="checkbox"/> KCTCS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420	

Reason for Application
☐ New Retiree ☐ Open Enrollment ☐ Qualifying Event (QE) ☐ Other

Qualifying Event Date

Deletion of Dependent <input type="checkbox"/> Divorce <input type="checkbox"/> Gaining other Coverage <input type="checkbox"/> Death <input type="checkbox"/> Gaining Medicare/Medicaid <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Other _____		Addition of Dependent <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Other Coverage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Loss of KCHIP/Medicaid <input type="checkbox"/> Guardianship/Court Order <input type="checkbox"/> Re-establishing Eligibility <input type="checkbox"/> Special Enrollment	
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Section 2: Demographic Information

Retiree's SSN		Retiree Name (Last, First, MI)		Retiree Date of Birth	
Applicant's SSN		Applicant Name (Last, First, MI)		Applicant's Date of Birth	
Street Address		Home County	Home Phone Number		Home Email Address
City, State, ZIP			Cell Phone Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
					Married <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you Medicare eligible due to Social Security Disability? ☐ Yes ☐ No

Within the past 6 months, have you, or a spouse or dependent(s) 18 or over, to be covered under your insurance plan, used tobacco regularly? ☐ Yes ☐ No

Section 3: Spouse/Dependent Information - Skip to Section 4 if electing single coverage.

Spouse's Information

Social Security Number	Name (Last, First, MI)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Is Spouse Medicare eligible due to Social Security Disability? ☐ Yes ☐ No

Questions below only apply if you are electing the Cross-Reference Payment Option ONLY (LRP, JRP not eligible)

1. Do you and your spouse utilize the cross-reference payment option? (two KEHP members, married with child(ren))?				<input type="checkbox"/> Yes
2. Within the past 6 months, have you, the spouse, used tobacco regularly?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Date of Hire/Retirement	4. Organizational Unit #	5. Spouse's Company Name	6. Spouse's Company Number	

Dependent(s) Information - If you need additional room for dependents, add them to another page and include it as part of the application

Child 1 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 3 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Are any dependents Medicare eligible due to Social Security Disability? ☐ Yes ☐ No If yes, who?

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Retiree's SSN

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Applicant's SSN

Section 4: Plan Options

- | | |
|---|--|
| <input type="checkbox"/> LivingWell CDHP -----> | <input type="checkbox"/> I AGREE to the LivingWell Promise |
| <input type="checkbox"/> LivingWell PPO -----> | <input type="checkbox"/> I AGREE to the LivingWell Promise |

If you do NOT AGREE to the LivingWell Promise, or if you failed to fulfill your LivingWell Promise in 2014, you must select a Standard plan option below

- ☐ Standard PPO
- ☐ Standard CDHP

Section 5: Coverage Levels

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Single (self only) | <input type="checkbox"/> Parent Plus (self and child(ren)) | <input type="checkbox"/> Couple (self and spouse) | <input type="checkbox"/> Family (self, spouse and child(ren)) |
|---|--|---|---|

Section 6: Waiving Health Insurance (no health insurance)

- | | |
|---|---------------------|
| <input type="checkbox"/> No HRA - waiving insurance/not eligible/no employer-funding. | Reason for waiving? |
|---|---------------------|

TOBACCO USE DECLARATION

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

TOBACCO USE INFORMATION**Check the applicable box below:**

Within the past six months, have you, or a spouse or dependent to be covered under your insurance plan, used tobacco regularly?

- ☐ Yes ☐ No

NOTE: Regularly means tobacco has been used four or more times per week on average excluding religious or ceremonial uses.

NOTE: "Tobacco" means all tobacco products including, but limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.

NOTE: "Dependent" means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

By submitting this form, I certify the following:

- I have truthfully checked the Yes or No box above that accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
- I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2015 if I answered "Yes" to the question above.
- I understand that it is my responsibility to notify KEHP of any changes in my tobacco-use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the plan year. Notification shall be made by completing a Tobacco Use Change Form.
- I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the plan year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form.
- I understand that if I answered "No" to the question above and either I or a spouse or dependent covered under my insurance plan become a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
- I understand that this Tobacco Use Declaration is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud files an application for insurance containing any materially false information, of who conceals, for the purposes of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
- I understand that if I fail to complete this Declaration truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
- The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its wellness program. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

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Retiree's SSN

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Applicant's SSN

Authorization and Certification for elections made by the planholder for health insurance coverage through the Kentucky Employees' Health Plan (KEHP or Plan), administered by the Department of Employee Insurance (DEI). My signature on this application for health insurance creates a legal and binding contract. By affixing my signature, I understand that:

- If I am electing a KEHP plan option during open enrollment, the plan will be effective January 1 of the following plan year. If I am a new retiree electing a KEHP plan option outside of open enrollment, my plan will be effective upon my retirement and in accordance with my Retirement System's new retiree health insurance coverage rules.
- I have read and understand the 2015 KEHP Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) and the Summary of Benefits and Coverage (SBC).
- All KEHP benefits for my eligible dependents and me will be provided in accordance with the limitations in the SPDs, BSG, and SBCs. I will abide by all terms and conditions governing membership and receipt of services from the Plan in which I have enrolled and as set forth in the SPD. In the event of a conflict between the terms of coverage stated in the SPDs, the BSG, and the SBCs, the terms of coverage stated in the SPDs will govern.
- KEHP uses third parties, including **Anthem and CVS Caremark and WageWorks** to provide certain administrative functions. KEHP may communicate with me directly or through these third parties about my coverage, my benefits, or health-related products or services provided by, or included in KEHP's plan of benefits.
- If my spouse and I elect the cross-reference payment option, we are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder. **(This option is not available to LRP/JRP retirees).**
- I certify that each enrolled dependent meets KEHP eligibility requirements of a dependent as set forth in the SPD and in the BSG. DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan.
- The elections indicated by this application may not be changed or cancelled during the plan year without a permitted Qualifying Event.
- I authorize my Retirement System to deduct from my earnings/benefits and/or bill me the amount required to cover my share of the premium contribution for the plan(s) I have selected, including any arrears I may owe.
- I authorize KEHP to release my medical claims data to my Retirement System for use in data analysis and referral to available health related services upon their review.
- Any premium payment submitted to KEHP that I intend to be used to pay for my health insurance premium contributions will first be used to pay other priority debts that may be due and owing such as taxes and child support.
- I authorize my Retirement System to release the information in this application to the Social Security Administration. The information in this application may be used by the Social Security Administration to determine Medicare eligibility. I further acknowledge that Medicare eligibility will affect my participation in KEHP. I acknowledge that I have an ongoing affirmative duty to inform my Retirement System of any change in Medicare eligibility status for myself, my spouse, or my dependent(s).
- Generally, the four KEHP plan options must pay primary to Medicare. If I am retired and have Medicare as well as a group health plan from a former employer, Medicare will pay primary to my group health plan coverage.
- If my KEHP plan option includes a Health Reimbursement Account (HRA), my HRA may only reimburse me for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. Pursuant to federal law, the cost of over-the-counter medicines (other than insulin and those prescribed by a doctor) may not be reimbursed through my HRA. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- Any unused amount remaining in my HRA at the end of the plan year may be carried forward to the next plan year.
- WageWorks will administer HRAs for the 2015 plan year and will issue to me a WageWorks Healthcare Card for the payment of HRA expenses. My WageWorks Healthcare Card will be suspended if the required HRA claim verification is not sent to WageWorks within ninety (90) days after the card swipe. I agree to follow all rules and guidelines established by the Plan concerning the WageWorks Healthcare Card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from my earnings, and offset my HRA if I fail to properly substantiate a claim.
- The KEHP offers discounted premium contribution rates to non-tobacco users as a part of its wellness program. If either I or a spouse or dependent to be covered under my insurance plan have used tobacco regularly within the past six months, I will not qualify for the discounted premium contribution rates. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees/retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at 888-581-8834 or 502-564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.
- If I have chosen one of the KEHP LivingWell plan options, I agree to complete the KEHP LivingWell Promise by (1) completing my online HumanaVitality Health Assessment; OR (2) VitalityCheck (biometric screening). If I am choosing a LivingWell plan option during open enrollment, I will complete the Health Assessment OR VitalityCheck (biometric screening) from January 1, 2015 – May 1, 2015. If I am a new retiree and I choose a LivingWell plan option outside of open enrollment, I will complete the Health Assessment or VitalityCheck (biometric screening) within 90 days of my coverage effective date.
- I have rights under HIPAA regarding the protection of my health information. KEHP will comply with the HIPAA privacy and security rules, and uses and disclosures of my protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at kehp.ky.gov.
- Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. I can be held responsible for any fraudulent act that I could have prevented while acting within my duties related to the KEHP, and it may be used to reduce or deny a claim or to terminate my coverage.
- I have fully read the materials provided to me. I further acknowledge that Medicare eligibility will affect my participation in KEHP. My signature on this application for health insurance certifies that all information provided during this enrollment opportunity is correct to the best of my knowledge.

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Retiree's SSN

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Applicant's SSN

Application MUST be signed by retirement Insurance Coordinator. Please mail application to:

KY Retirement Systems(KRS) Perimeter Park West 1260 Louisville Road Frankfort, KY 40601	KY Teachers' Retirement(KTRS) 479 Versailles Road Frankfort, KY 40601	KY Judicial Form Retirement System (JRP/LRP) 305 Ann Street, Room 302, Whitaker Bank Bldg. Frankfort, KY 40601	KCTCS Retirees 300 North Main Str. Versailles, KY 40383
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Retiree Signature

Date

Applicant Signature (if other than retiree)

Date

Spouse's Signature*

Date

Retiree's Insurance Coordinator's Signature

Date

Spouse's Insurance Coordinator's Signature*

Date

*Required if electing the cross-payment reference option.

KENTUCKY EMPLOYEES' HEALTH PLAN LEGAL NOTICES

As a member of the Kentucky Employees' Health Plan (KEHP), you have certain legal rights. Several of those rights are summarized below. Please read these provisions carefully. To find out more information, you may contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534 or visit kehp.ky.gov.

A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), you have "special enrollment" rights if you have a loss of other coverage or you gain a new dependent. In addition, you may qualify for a special enrollment in KEHP under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

1. HIPAA Special Enrollment Provision - Loss of Other Coverage.

If you decline enrollment for yourself or your eligible dependent(s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 35 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

2. HIPAA Special Enrollment Provision - New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependent(s). However, you must request enrollment within 35 days after the marriage and within 60 days after birth, adoption, or placement for adoption.

3. CHIPRA Special Enrollment Provision - Premium Assistance Eligibility.

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, Kentucky may have a premium assistance program that can help pay for coverage, using funds from the state's Medicaid or CHIP programs. If you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, as well as eligible for health insurance coverage through KEHP, your employer must allow you to enroll in KEHP if you aren't already enrolled. This is called a "special enrollment" opportunity, and you **must request coverage within 60 days of being determined eligible for premium assistance**. In addition, you may enroll in KEHP if you or your dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. More information and the required CHIP Notice may be found at kehp.ky.gov.

B. WELLNESS PROGRAM DISCLOSURE

KEHP offers a variety of wellness opportunities and rewards through its LivingWell wellness program. In particular, KEHP offers discounted monthly employee premium contribution rates to non-tobacco users. Each KEHP member has at least one opportunity per plan year to qualify for the monthly premium contribution discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

C. THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

COBRA continuation coverage is a continuation of KEHP coverage when it would otherwise end because of a life event. This is also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Qualified beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. Each qualified beneficiary must be given at least 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under KEHP due to a qualifying event. The KEHP's third-party COBRA administrator is WageWorks. To learn more about COBRA and your rights under COBRA, please refer to your Summary Plan Description or go to kehp.ky.gov.

D. THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information regarding this coverage, please refer to your Summary Plan Description or go to kehp.ky.gov.

E. NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORNS' ACT)

Group health plans generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 (or 96, as applicable) hours. In any case, plans may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 (or 96) hours.

F. HIPAA PRIVACY NOTICE

KEHP gathers and collects demographic information about its members such as name, address, and social security numbers. This information is referred to as individually identifiable health information and is protected by HIPAA and related regulations regarding the privacy and security of such information. HIPAA requires KEHP to maintain the privacy of your protected health information (PHI) and notify you following a breach of unsecured PHI. In addition, KEHP is required to provide to its members a copy of its Notice of Privacy Practices (NPP) outlining how KEHP may use and disclose your PHI to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. The NPP also informs members about their rights regarding their PHI and how to file a complaint if a member believes their rights have been violated. KEHP's Notice of Privacy Practices and associated forms may be obtained by visiting kehp.ky.gov.

G. PLAN YEAR 2015 KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE

KEHP has determined that KEHP's prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

H. NOTICE OF AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (SBC)

As an employee or retiree, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. KEHP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, KEHP makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage options in a standard format, to help you compare across options. The SBCs are only a summary. You should consult KEHP's Summary Plan Descriptions to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at kehp.ky.gov. A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

An employee may elect to waive KEHP health insurance coverage, with or without a Waiver Health Reimbursement Arrangement (HRA). There are two options under the HRA: Waiver General Purpose HRA and the Waiver Dental/Vision ONLY HRA. An employee is eligible for the Waiver General Purpose HRA only if the employee has other group health insurance plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee is enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through Kynect or governmental plans such as TRICARE, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. An employee that elects a Waiver General Purpose HRA and that ceases to be covered under another group health plan that provides minimum value is required to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and the employee must may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. Each employee is permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually during open enrollment.

On the Road to a Healthier Kentucky

KEHP members are the driving force behind improved health results

For several years, Gov. Steve Beshear and the Kentucky Employees' Health Plan (KEHP) have worked together to improve the wellbeing of the state workforce. The reason is simple — taking care of your health leads to great things. You save money on fewer doctor bills and prescriptions. Your clothes fit better. You smile more because you look and feel good. Your quality of life improves and your habits become contagious. Getting to this point, however, is so very hard. It takes leadership, intervention, time, positive support, and hard work. The good news is the hard work is paying off! We're getting healthier and LivingWell.

Improved health begins with knowing your numbers and managing your health coverage

- Over 80 percent of KEHP members selected a LivingWell health plan.
- In 2014, more than 137,000 of you learned your health numbers by taking the HumanaVitality health assessment and completing the LivingWell promise.
- More than 16,000 completed a Vitality Check biometric screening.
- More members are seeking preventive care services like mammograms, colonoscopies, and vaccinations

If you are ready to start accessing your health plan's LivingWell resources visit, livingwell.ky.gov.



Gov. Beshear sets new health goals, asks everyone to join in

Now Gov. Beshear is eyeing even greater health goals for Kentuckians. He recently announced the **kyhealthnow** initiative, which aims to improve the health and wellness of all of Kentucky's children, families, and workers. The kyhealthnow advisory council, chaired by Lt. Gov. Jerry Abramson and vice-chaired by the Commissioner of Public Health, Dr. Stephanie Mayfield, asked many groups, including the KEHP, to work together and achieve the following goals over the next five years.

kyhealthnow 2019 goals

- Reduce Kentucky's rate of uninsured individuals to less than 5 percent.
- Reduce Kentucky's smoking rate by 10 percent.
- Reduce the rate of obesity among Kentuckians by 10 percent.
- Reduce Kentucky cancer deaths by 10 percent .
- Reduce cardiovascular deaths by 10 percent .
- Reduce the percentage of children with untreated dental decay by 25 percent and increase adult dental visits by 10 percent.
- Reduce deaths from drug overdose by 25 percent and reduce by 25 percent the average number of poor mental health days of Kentuckians.



These strategies will be implemented through executive and legislative actions, public-private partnerships, enrolling more Kentuckians in health care coverage, and with your help.

The time is now! Let's work together to help all Kentuckians achieve a better quality of life.



Legal Notice

If you have any questions about the material printed in this publication please contact Kentucky Retirement Systems at 1-800-928-4646. This publication is intended merely as a general information reference for members of KRS. If you have any specific questions about the subjects covered by this publication, you should contact the retirement office. This publication is not intended as a substitute for applicable Federal or state law, nor will its interpretation prevail should a conflict arise between its contents and applicable Federal or state law. Before making decisions about your retirement, you should contact Kentucky Retirement Systems.



Kentucky Retirement Systems
Perimeter Park West, 1260 Louisville Road
Frankfort, Kentucky 40601
1-800-928-4646 • <http://kyret.ky.gov>

Open Enrollment Webinars

The Open Enrollment for retirees and beneficiaries who are not on Medicare is an active and mandatory enrollment for plan year 2015. This means all retirees and beneficiaries must complete and return a new application, even if coverage has been waived.

This webinar will introduce the 2015 plan options and go over necessary steps to enroll in a plan. Participants can follow along with the presentation and use web chat to ask general questions.

Please note these webinars are for KRS retirees and beneficiaries who are not eligible for Medicare.

Please visit our website at <https://kyret.ky.gov>, click on Insurance then Open Enrollment 2015 to view the complete webinar schedule and register for a session.

Thursday
10/2/2014 2:00 p.m.

Wednesday
10/8/2014 10:00 a.m.

Thursday
10/9/2014 10:00 a.m.

Tuesday
10/14/2014 10:00 a.m.

Thursday
10/16/2014 2:00 p.m.

Thursday
10/21/2014 10:00 a.m.